

## REQUESTING REIMBURSEMENT UNDER THE PLAN

- Always use a Reimbursement Request Form for submitting all eligible expenses. You may list several expenses on one form.

- Reimbursement requests (claim form and **all** supporting documentation) should be:

1. mailed to OptumHealth using the available return business envelopes,

2. faxed to OptumHealth at (888) 464-4470, or

3. scanned and emailed to OptumHealth at [flexclaims@OptumHealthFinancial.com](mailto:flexclaims@OptumHealthFinancial.com).

4. submitted online via the FlexLink™ website (<https://www.ohfsbenefitaccess.com/invest>).

After you submit your claim information, you will be prompted to print a cover page which must accompany the documentation required to process your claim. Your online claim submission will be pended until we receive the cover page with documentation (which can be sent via fax or as an email attachment).

Faxed and emailed claims must be received by 1:00 PM Central Time on the claim deadline date. If you fax your claim form and documentation to us, **your fax confirmation will be your confirmation that your fax was received by OptumHealth**. Similarly, your "Sent" email is your confirmation that the email was received by OptumHealth. Please do not call OptumHealth to verify if your fax was received as we are unable to comply with this request.

- All eligible expenses reimbursed under a medical or dependent care FSA must be incurred during the participant's period of coverage under the FSA. Expenses are treated as having been incurred when the participant is provided with the care that gives rise to the expenses, not when the participant is formally billed, charged, or pays for the care.

- List your expenses separately for medical and dependent care in the appropriate section of the form, as expenses from one account cannot be reimbursed from the other account according to federal regulation.

- You may use one line on the claim form to enter expenses which are identical in nature (e.g., office visit copays, Rx co-pays, etc.) even if the expenses have been incurred on different dates. However, please make sure to attach documentation verifying each individual expense.

- Please furnish proof that the expenses were incurred by attaching to the Claim for Reimbursement Form a copy of an itemized statement or Explanation of Benefits (EOB) from your provider. Another alternative for dependent care is to ask your dependent care provider to complete and sign the Provider Certification Section (see F) of the Claim for Reimbursement Form.

- The documentation must ***clearly*** identify -

1. the nature of the service

2. the date the service was incurred

3. the name of the provider

4. the amount of the expense

## REQUESTING REIMBURSEMENT UNDER THE PLAN (Cont.)

- Do **NOT** staple your documentation to the claim form.
- If OptumHealth is unable to read any of the documentation due to the quality of the copy or the fax, the claim will be denied pending resubmission of legible documentation.
- Be careful using highlighters! Highlighted items that are photocopied usually are not legible which results in a denial of the claim for that item. You may consider circling instead.
- **Note:** Balance due bills, credit card receipts, cancelled checks, or simple payment receipts will not be sufficient documentation to support the expense.
- Some plans implement a grace period to allow participants extra time after the plan year has ended to incur expenses for funds remaining in their account. Any funds that remain in the account after the grace period has ended are forfeited. If a participant enrolls for the subsequent plan year, any expenses that are incurred prior to the grace period deadline are applied towards the last plan year's remaining balance (if any), then towards the new plan year. See your Summary Plan Description to determine whether your plan sponsor has adopted a grace period for your flexible spending plan.